

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1164990

OMB APPROVAL

OMB Number:

3235-0076

Expires:

Estimated average burden hours per response. 16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Issuance of Series C Convertible Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
SCHOOLNET, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
525 SEVENTH AVENUE, 4TH FLOOR, NEW YORK, NEW YORK 10018	646-496-9000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Provider of software and services to schools and related agencies.	PHUCESSED
Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed	olease specify): 2007 0 6 2006
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: 5 9 8 Actual Esti Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	IHOMSON TINANCIAL TINANCIAL

GENERAL INSTRUCTIONS

Fadaral

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

h

1 of 9

			A. BASIC IDE	NTIF	ICATION DATA				
2. Enter the information re									
• Each promoter of t									
									s of equity securities of the issuer.
• Each executive off	icer and director of	corporate	issuers and of	corpor	ate general and man	aging	partners of	partne	rship issuers; and
 Each general and n 	nanaging partner of	partnershi	p issuers.						
Check Box(es) that Apply:	Promoter	⊘ Bene	ficial Owner	<u>/</u>	Executive Officer	/	Director		General and/or Managing Partner
Full Name (Last name first, i JONATHAN HARBER	f individual)			-					
Business or Residence Addre 525 SEVENTH AVENUE			, State, Zip Co RK, NEW YO		0018				
Check Box(es) that Apply:	Promoter	Bene	eficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	_							
Business or Residence Address 525 SEVENTH AVENUE,			v, State, Zip Co K. NEW YOF		018				
Check Box(es) that Apply:	Promoter		eficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, RICHARD SEGAL	if individual)	· · · · · · · · · · · · · · · · · · ·							
Business or Residence Addre	ess (Number and	Street, City	y, State, Zip Co	ode)					
707 WESTCHESTER AV	ENUE, SUITE 4	01, WHIT	E PLAINS, N	NY 10	604				
Check Box(es) that Apply:	Promoter	✓ Ben	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
ROSZELL MACK/ASCE	ND VENTURES	L.P.							
Business or Residence Addr	ess (Number and	Street, Cit	y, State, Zip C	ode)					
1500 BROADWAY, 14T	H FLOOR, NEW	YORK, N	NEW YORK	10036	<u> </u>				
Check Box(es) that Apply:	Promoter	☐ Ben	eficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, MARK CHERNIS/THE F	if individual) PRINCETON RE	VIEW, IN	C.				:		
Business or Residence Addr 2315 BROADWAY, NEV				ode)					
Check Box(es) that Apply:	Promoter	Ben	eficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, JOHN DANIELSON	if individual)			_			·		
Business or Residence Addr EMPIRE STATE BUILD			y, State, Zip C YORK, NEW		K 10018				
Check Box(es) that Apply:	Promoter	✓ Ber	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Brian Hayhurst	if individual)								
Business or Residence Addr 1001 Pennsylvania Ave			ty, State, Zip C shington, D.C		04-2505				

				A. BASIC IDE	NTII	FICATION DATA				
. Ente	r the information re	quested for the fol	lowin	g:						
•	Each promoter of t	he issuer, if the iss	uer h	as been organized w	ithin 1	the past five years;				
•	Each beneficial ow	ner having the pow	er to v	ote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issue
•	Each executive off	icer and director of	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
•	Each general and r	nanaging partner o	f parti	nership issuers.						
Check Bo	x(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	e (Last name first, i A RYCHENKOV			-						
Business 1001 PE	or Residence Addre			t, City, State, Zip Co SOUTH, WASHIN		N, D.C. 20004-25	05			
Check Bo	ex(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name	e (Last name first,	if individual)								
Business	or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	ode)			····		
Check Bo	ox(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Nam	e (Last name first,	if individual)						<u> </u>		
Business	or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	ode)					
Check Bo	ox(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Nam	e (Last name first,	if individual)				-				
Business	or Residence Addr	ess (Number and	Stree	t, City, State, Zip Co	ode)					ing. 6
Check Bo	ox(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Nam	e (Last name first,	if individual)								
Business	or Residence Addr	ess (Number and	Stree	et, City, State, Zip C	ode)		-	- ,		
Check Bo	ox(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Nam	ne (Last name first,	if individual)						•		
Business	or Residence Addr	ess (Number and	Stree	et, City, State, Zip C	ode)			_	-	
Check B	ox(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Nam	ne (Last name first,	if individual)						-		
Business	or Residence Addr	ess (Number and	Stree	et, City, State, Zip C	odc)					
		(Use bl	ank sl	neet, or copy and use	addi	tional copies of this	sheet.	as necessar	y)	

			7 (4) 1 (4)	B. IN	FORMATI	ON ABOU	r offeri	NG .		· · · · · · · · · · · · · · · · · · ·	•	
1. Has the	issuer solo	d, or does th	ne issuer in	itend to sel	l, to non-ac	credited in	nvestors in	this offeri	ng?		Yes	No X
. IIII III	,				Appendix,						_	
2. What is	the minim	um investn			• •		-				\$	
											Yes	No
	The state of the s											
commis If a pers or state	ssion or sim son to be lis s, list the na	tion request allar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in tl EC and/or	ne offering. with a state		
Full Name (Last name	first. if ind	ividual)									
Business or	Residence	Address (N	lumber and	l Street, Ci	ty, State, Z	ip Code)	4****					
Name of As	sociated B	roker or De	aler							-		
States in W	hich Persoi	n Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
(Check	"All State	s" or check	individual	States)							☐ All	States
AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL)	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC NC	ND	OH	OK WIT	OR WV	PA
RI	SC	SD	TN	TX	UT	[VT]	[VA]	WA	WV	WI	WY	PR
Full Name ((Last name	first, if ind	ividual)									
Business o	r Residence	e Address (Number an	d Street, C	City, State, 2	Zip Code)					227	
Name of As	sociated B	roker or De	aler				<u></u> ,					
States in W	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						,
(Check	"All State	s" or check	individual	States)							☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK WI	OR WV	PA
RI	SC	SD	TN	TX	[UT]	VT]	VA	WA	<u>wv</u>]	<u>WI</u>	WY	PR
Full Name	(Last name	first, if ind	lividual)									
Business o	r Residenc	e Address (Number an	d Street, C	City, State,	Zip Code)						
Name of As	ssociated B	roker or De	ealer	-	 .	-			<u> </u>			
States in W	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				· -		
(Check	"All State	s" or check	individua	l States)							☐ Al	l States
AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
TL)	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC NC	ND	OH	OK OW	OR	PA
RI	SC	SD	TN	TX	UT	$[\overline{VT}]$	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$_19,000,000.25	\$_19,000,000.25
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$ 19,000,000.25
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		···
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	·	\$
	Legal Fees		\$ 102,000.00
	Accounting Fees	_	\$
	Engineering Fees	_	s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		s 102,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$18,898,000.2°
5.	Indicate below the amount of the adjusted gross pre each of the purposes shown. If the amount for ar check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$. [\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of mac and equipment			
	Construction or leasing of plant buildings and fac	ilities	\$. 🗆 \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the associssuer pursuant to a merger)	ets or securities of another	¬\$. 🗆 \$
	Repayment of indebtedness			
	Working capital		¬ \$	\$
	Other (specify): redemption of certain common	stockholders	\$_3,000,000.4	t(
			¬\$	\$
	Column Totals			
	Total Payments Listed (column totals added)		 \$_3,	000,000.40
		D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accordance.	nish to the U.S. Securities and Exchange Commis	sion, upon writte	le 505, the following n request of its staff,
Issu	er (Print or Type)	Signature /	Date	
SC	HOOLNET, INC.	1/2///	9/13/01	(
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)	110/01	7
C. A	NDREW JOHNS	CHIEF OPERATING OFFICER/CHIEF FINAN	ICIAL OFFICER	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔀

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature / Date
SCHOOLNET, INC.	9/13/06
Name (Print or Type)	Title (Print or Type)
C. ANDREW JOHNS	CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2 . 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes State No Investors Amount Investors Yes No Amount ALΑK AZAR $\mathsf{C}\mathsf{A}$ CO CTDE DC FL GA НІ ID IL IN IA KS KY LA ME MD MA ΜI MN MS

APPENDIX

APPENDIX 1 2 . 3 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No State Investors **Investors** Yes Amount Amount No MO MT NE NV NH NJ NM X Series C Pref STK 0 NY \$16999999 69 NC ND ОН OK OR PA Series C Pref STK X 0 \$2000000,56 RI SC SD TN TX UT VT VAWA WV

WI

				APP	ENDIX					
1	,	2 •	3		4					
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										